

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		9/17/99
O.I.P.E. CLASSIFIER		16	9-21-99
FORMALITY REVIEW		60200	9-27

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	2/12/99
2	2/12/99
3	2/12/99
4	2/12/99
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50	2/12/99

Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy